

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------|----------|------|------------------------|------|------------------------|------|
| | NO. | DEP. | NO. | DEP. | NO. | DEP. |
| 1 | / | | | | | |
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| TOTAL NO. | 2 | | | | | |
| TOTAL DEP. | 76 | | | | | |
| TOTAL | 8 | | | | | |

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| TOTAL NO. | | | | | |
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